

INSURANCE RATES 2019 - January 1 to December 31, 2019			PLAN HDHP-1 Willamette Dental		
	Medical & Vision	Dental & Ortho	Total Med/Dent	Employee Portion	Employer Portion
<i>PPP Plan</i>					
Employee Only	573.19	54.96	628.15	62.82	565.33
Employee + Child	1067.08	83.99	1,151.07	115.11	1,035.96
Employee + Children	1,458.34	146.59	1,604.93	160.49	1,444.44
Employee + Spouse	1,219.64	96.02	1,315.66	131.57	1,184.09
Employee + Family	1,682.11	169.01	1,851.12	185.11	1,666.01
<i>Opt Out - Dental Only</i>					
Employee Only		54.96		5.50	49.46
Employee + Child		83.99		8.40	75.59
Employee + Children		146.59		14.66	131.93
Employee + Spouse		96.02		8.60	86.42
Employee + Family		169.01		16.90	152.11